

POLITICAL COMMITTEE REGISTRATION - RSA 664:3

Committee Name:* **Friends of Karen Umberger** Short Name:
 Street Number:* **136** StreetName/P.O. Box:* **Birch Bend** Address Line2: **PO Box 186**
 Town:* **Kearsarge** State:* **NH** Zip:* **03847**
 User Name:* **umbergerk** Password:* **2008winn**
 Email: **umberger@ncia.net** Phone Number: **603-356-6881**

CHAIRPERSON

Last Name:* **Umberger** First Name: **James** Middle: **S.**
 Occupation: **retired** Place of Principal Employment: **retired**
 Email: **umberger@ncia.net** Phone Number: **603-356-6881**

Physical Address:

Street Number: **136** StreetName/P.O.Box: **Birch Bend** Address Line2:
 Town: **Kearsarge** State: **NH** Zip: **03847**

Mailing Address:

Street Number: **PO Box 186** Address Line2:
 Town: **Kearsarge** State: **NH** Zip:

TREASURER***Must be a N.H. Resident(RSA 664:13)

Last Name:* **Umberger** First Name: **James** Middle: **S.**
 Occupation: **retired** Place of Principal Employment: **retired**
 Email: **umberger@ncia.net** Phone Number: **603-356-6881**

Physical Address:

Street Number: **136** StreetName/P.O.Box: **Birch Bend** Address Line2:
 Town: **Kearsarge** State: **NH** Zip: **03847**

Mailing Address:

Street Number: **PO Box 186** Address Line2:
 Town: **Kearsarge** State: **NH** Zip: **03847 - 0186**

PURPOSE OF COMMITTEE:

Provide financial support for Karen Umberger election to the State House

Indicate the election(s) for which the committee is registering:

Election Year: **2008**

Other:

Statement of Independent Expenditures

The Committee **will not** be making independent expenditures.

		In Support of	In Opposition to
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OTHER OFFICERS

Last Name	First Name	Street #	St. Name	Town	State	Zip	Place of principal employment	Occupation
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Confirm and Continue to Printable Format

Karen C Umberger
James S Umberger Treasurer